

THE FEDERAL GOVERNMENT HAS DESIGNED THE TRADE ACT PROGRAM TO ASSIST WORKERS WHOSE JOBS HAVE BEEN LOST BECAUSE OF COMPETITION WITH FOREIGN PRODUCTS COMING INTO THE UNITED STATES. IF YOU BELIEVE YOU ARE ONE OF THESE WORKERS, COMPLETE THE REQUESTED INFORMATION AND RETURN THIS FORM TO THE ADDRESS LISTED BELOW. WITH YOUR HELP, OR THE HELP OF YOUR UNION REPRESENTATIVE, A REQUEST WILL BE FILED WITH THE U.S. DEPARTMENT OF LABOR, WHICH WILL DECIDE IF YOU ARE ELIGIBLE TO APPLY FOR THESE SPECIAL BENEFITS. FOR FURTHER INFORMATION, CONTACT YOUR LOCAL UNEMPLOYMENT INSURANCE CLAIMS OFFICE.

WE STRONGLY URGE YOU TO COMPLETE THIS FORM SO THAT THE STEPS FOR OBTAINING THESE EXTRA BENEFITS CAN BE INITIATED.

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

NAME OF FIRM: _____

ADDRESS: _____

PRODUCT: _____

NAME/ADDRESS OF UNION REPRESENTATIVE (IF ANY): _____

PLEASE RETURN COMPLETED FORM TO:

**NEW JERSEY DEPARTMENT OF LABOR
ATTN: TRADE ACT UNIT – 2ND FLOOR
PO BOX 058
TRENTON, NEW JERSEY 08625-0058
TELEPHONE NO.: (609) 292-9442**